

An **Appendix**, referred to as Exhibit 1, includes an article titled: Anesthetic Considerations for Bariatric Surgery: Proper Positioning is Important for Laryngoscopy is attached following page 23 of this paper.

**Amendment to Claims:**

This listing of claims will replace all prior versions, and listings, of claims in the application:

**Listing of Claims:**

Claim 1 (Currently amended):        A method of reducing an amount of positive air pressure that attending personnel must maintain in a supine obese individual's lungs to move the individual's diaphragm, said obese individual lying in an approximately supine position on a base surface, said method comprising the steps of:

          raising the individual's head and neck above the base surface; and  
          supporting the individual's upper body including the shoulders and upper and lower back at an angle sufficient to cause the individual's abdominal mass to fall away from the diaphragm, thereby reducing the amount of air pressure required in the obese individual's lungs to move the individual's diaphragm.

Claim 2 (original): The method of claim 1 wherein the step of raising the individual's head and neck above the base surface includes supporting the individual's head and neck on a head and neck support approximately six inches in height above the base surface.

Claim 3 (currently amended): A method of inserting an endotracheal breathing tube into the trachea of an obese individual lying in an approximately supine position on a base surface, said method comprising the steps of:

reducing an amount of air pressure that attending personnel must maintain in the supine obese individual's lungs to move the individual's diaphragm, the step of reducing an amount of air pressure including the steps of:

raising the individual's head and neck approximately six inches above the base surface; and

supporting the individual's upper body including the shoulders and entire back at an angle sufficient to cause the individual's abdominal mass to fall away from the diaphragm;

anaesthetizing the individual;

ventilating the individual;

aligning the oral, pharyngeal, and laryngeal axes of the individual to enable visual acquisition of the trachea; and

inserting the tube into the trachea.

Claim 4 (canceled)

Claim 5 (original): The method of claim 4 wherein the step of ventilating the individual includes moving air into the individual's lungs with a ventilation bag.

Claim 6 (original): The method of claim 5 wherein the step of aligning the oral, pharyngeal, and laryngeal axes includes the steps of:

extending the individual's neck over a neck support; and

rotating the individual's head backwards on a head support.

Claim 7 (added): A method of reducing an amount of positive air pressure that attending personnel must maintain in a supine obese individual's lungs to move the individual's diaphragm, said obese individual lying in an approximately supine position on a base surface, said method comprising the steps of:

raising the obese individual's head and neck above the base surface, the individual's head and neck being supported by a head and neck support having an upper surface that contacts the back of the individual's head and neck, the head and neck support having a height between approximately five inches and eight inches; and

supporting the individual's upper body to include the shoulders and upper and lower back at an angle sufficient to cause the individual's abdominal mass to fall away from the diaphragm,

thereby reducing the amount of air pressure required in the individual's lungs to move the individual's diaphragm, wherein the upper body is supported by an upper-body support coupled to the head and neck support, the upper-body support having a substantially planar top surface that slopes downward from the upper surface of the head and neck support to the base surface, the upper-body support having a height between approximately two inches and six inches and forming an angle between approximately five and twenty-five degrees from horizontal, the upper-body support supporting the individual's upper body at an angle.

**Remarks/Arguments:**

Favorable reconsideration of the above-identified patent application, in light of the above amendments and the following remarks is respectfully requested. The presently pending claims are claims 1-3, 5-7. Claims 1 and 3 have been amended. Claim 4 has been canceled. Claim 7 has been added.

In paragraphs 1 and 2 of the Office Action, the Examiner stated that claim 1 is rejected under 35 U.S.C. 102(e) as being anticipated by U.S. Patent No. 6,446,288 to Pi (Pi). The Examiner stated that Pi discloses a method of reducing an amount of positive air pressure that attending personnel must maintain in a supine obese individual's lungs to move the individual's diaphragm. The Examiner also stated that the position of the patient's head, neck and shoulders relative to the patient's middle and lower torso would inherently (due to gravity) cause any patient's abdominal mass to fall away from the diaphragm.